

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

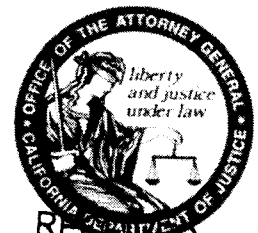
WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



RECEIVED
Attorney General's Office

AUG 28 2018

State Charity Registration Number <u>CT0176823</u> Heart To Heart International, Incorporated Name of Organization <u>PO Box 15566</u> Address (Number and Street) <u>Lenexa KS 66285</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>176823</u> Federal Employer I.D. No. <u>48-1108359</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 1 / 1 / 2017 ending 12 / 31 / 2017) list:

Gross annual revenue \$ 138,486,995 Total assets \$ 45,655,019

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="radio"/>	<input checked="" type="radio"/> N
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="radio"/>	<input checked="" type="radio"/> N
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="radio"/>	<input checked="" type="radio"/> N
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="radio"/>	<input checked="" type="radio"/> N
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If yes, provide an attachment listing the name, address, and telephone number of the service provider.	<input checked="" type="radio"/> Y	<input type="radio"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input checked="" type="radio"/> Y	<input type="radio"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="radio"/>	<input checked="" type="radio"/> N
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="radio"/>	<input checked="" type="radio"/> N
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="radio"/>	<input checked="" type="radio"/> N

Organization's area code and telephone number () 913-764-5200
 Organization's e-mail address info@hearttoheart.org

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of authorized officer	<u>Robert Lambrechts</u> Printed Name	<u>Chairman</u> Title	<u>8/9/18</u> Date
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M \$300 584459

✓

Heart To Heart International, Incorporated
California Explanations and Attachments

California Question 5 - During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used?

See Attached

California Question 6 - During this reporting period, did the organization receive any governmental funding?

Funding from USAID in support of the organization's operation of a Cholera treatment unit in Haiti beginning in October 2016. USAID Ronald Reagan Building, Washington, DC 20523 Funding from CDC to support African Laboratory project with population based assessments in Africa. CDC ASLM Government 1600 Clifton Rd NE, Atlanta, Georgia 30329-4018

**Heart To Heart International, Incorporated - Outside
Fundraising Professional - 3**

Name: Neutrogena Corporation

Contact Person: Trevor Thorpe

Address: 5760 West 96th, Los Angeles, CA 90045

Telephone: 310-337-5567 **Email:** tthorpe@its.jnj.com

Type of professional: Commercial Coventurer

Location of Offices:

Services Provided: During a May-July annual promotional period, Neutrogena donates one of a mix of sunscreen products to Heart to Heart to provide to children and families in need when consumers buy a like item listed in the promotion.

Compensation: Neutrogena is not compensated for this co-venture agreement.

Dates of Contract: 05/01/2016 - 07/31/2016

Date(s) of Campaign/Event: May 1, 2016 to July 31, 2016

Did or does this professional solicit on your behalf? No

Did or does this professional, at any time, have custody or control of donations? No

States in which this professional is/was engaged in fundraising on our behalf: AL AK AR CA CO CT DC FL GA HI IL KS KY LA ME MD MA MI MN MS MO NV NH NJ NM NY NC ND OH OK OR PA RI SC TN TX UT VA WA WV WI

**Heart To Heart International, Incorporated - Outside
Fundraising Professional - 4**

Name: Johnson & Johnson

Contact Person: Jake Lepiaraz

Address: 410 George Street, New Brunswick, NJ 08901

Telephone: 7325240400 **Email:** jlepiarz@its.jnj.com

Type of professional: Commercial Coventurer

Location of Offices:

Services Provided: \$1.00 to the charity for every photo uploaded by a user of Donate A Photo Mobile Application during the promotion period who designates the charity.

Compensation: Johnson & Johnson is not compensated for this co-venture agreement.

Dates of Contract: 10/4/2016 - 01/02/2017

Date(s) of Campaign/Event: 10/4/2016 to 01/02/2017

Did or does this professional solicit on your behalf? No

Did or does this professional, at any time, have custody or control of donations? No

States in which this professional is/was engaged in fundraising on our behalf: Nationwide: AL AK AR CA CO CT DC FL GA HI IL KS KY LA ME MD MA MI MN MS MO NV NH NJ NM NY NC ND OH OK OR PA RI SC TN TX UT VA WA WV WI

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEART TO HEART INTERNATIONAL		D Employer identification number 48-1108359
	Doing business as		E Telephone number 913-764-5200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 138,508,430.
	PO BOX 15566		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LENEXA, KS 66285		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JIM MITCHUM SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HEARTTOHEART.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: KS	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5
	6 Total number of volunteers (estimate if necessary)	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8
	9 Program service revenue (Part VIII, line 2g)	9
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 238,379.	b
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18
	19 Revenue less expenses. Subtract line 18 from line 12	19
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	20
	21 Total liabilities (Part X, line 26)	21
	22 Net assets or fund balances. Subtract line 21 from line 20	22

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>James Mitchum</i>	Date 7-24-2018
	JIM MITCHUM, CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name LISA BURKE	Date 7/24/18
	Firm's name ▶ CBIZ MHM, LLC	Check if self-employed <input type="checkbox"/> PTIN P00220718
	Firm's address ▶ 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112	Firm's EIN ▶ 34-1874260 Phone no. 816-945-5500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HEART TO HEART INTERNATIONAL	Employer identification number (EIN) or 48-1108359
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 15566	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LENEXA, KS 66285	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THERESA BENUS

- The books are in the care of ► **PO BOX 15566 - LENEXA, KS 66285**

Telephone No. ► **913-764-5200**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2017** or

► tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2017**

Name of exempt organization

Employer identification number

HEART TO HEART INTERNATIONAL**48-1108359**

Name and title of officer

JIM MITCHUM**CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>138,486,995.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only☒ I authorize **CBIZ MHM, LLC**

ERO firm name

to enter my PIN **12345****Enter five numbers, but
do not enter all zeros**

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48373534187**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So****LHA For Paperwork Reduction Act Notice, see instructions.**Form **8879-EO** (2017)

723051 10-11-17

09470720 143399 118790

2017.04000 HEART TO HEART INTERNATIO 118790_1

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1**
- Briefly describe the organization's mission:

HHI STRENGTHENS COMMUNITIES THROUGH IMPROVING HEALTH ACCESS AND PROVIDING HUMANITARIAN DEVELOPMENT AND CRISIS RELIEF WORLDWIDE. WE COLLABORATE WITH PARTNERS, ENGAGE VOLUNTEERS AND DEPLOY RESOURCES TO ACHIEVE THIS MISSION.

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a** (Code:) (Expenses \$ 96,698,638. including grants of \$ 91,299,535.) (Revenue \$ 0.)
INTERNATIONAL HUMANITARIAN ASSISTANCE: HHI STRENGTHENS COMMUNITIES OUTSIDE THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS, PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

- 4b** (Code:) (Expenses \$ 4,670,186. including grants of \$ 2,780,136.) (Revenue \$ 1,325,040.)
DOMESTIC HUMANITARIAN ASSISTANCE : HHI STRENGTHENS COMMUNITIES WITHIN THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS, PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d**
- Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

- 4e**
- Total program service expenses
- 101,368,824.**

Form 990 (2017)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	13	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	24	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b If "Yes," enter the name of the foreign country: HAITI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **THEHERESA BENUS - 913-764-5200**
PO BOX 15566, LENEXA, KS 66285

Check if Schedule O contains a response or note to any line in this Part VII

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

732007 11-28-17

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

1

compensation from the organization		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

Form **990** (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	12,480.			
	b	Membership dues	1b				
	c	Fundraising events	1c	70,350.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,359,559.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	135,779,270.			
	g	Noncash contributions included in lines 1a-1f: \$		126,306,026.			
	h	Total. Add lines 1a-1f		137,221,659.			
Program Service Revenue	2 a	ADMINISTRATION FEE	Business Code	493000	1,270,466.	1,270,466.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,270,466.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,870.			2,870.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			7,906.		7,906.
	8 a	Gross income from fundraising events (not including \$ 70,350. of contributions reported on line 1c). See Part IV, line 18	a	0.			
	b	Less: direct expenses	b	17,095.			
	c	Net income or (loss) from fundraising events			-17,095.		-17,095.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a	MISCELLANEOUS		900099	2,197.	2,197.		
b	LOSS ON CURRENCY CONVERSION		900099	-1,008.		-1,008.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d			1,189.			
12	Total revenue. See instructions.			138,486,995.	1,272,663.	0.	-7,327.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,780,136.	2,780,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	91,299,535.	91,299,535.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,361.	153,461.	56,808.	17,092.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	910,236.	614,377.	227,431.	68,428.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	94,234.	63,605.	23,545.	7,084.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,453.	14,798.	17,246.	409.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	250.	250.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,155,336.	2,130,183.	3,226.	21,927.
12 Advertising and promotion	3,528.	2,604.		924.
13 Office expenses	526,132.	443,443.	15,705.	66,984.
14 Information technology				
15 Royalties				
16 Occupancy	495,974.	462,657.	21,471.	11,846.
17 Travel	1,249,714.	1,224,977.	10,701.	14,036.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,275.	4,874.	1,401.	
20 Interest	95,870.	52,132.	14,964.	28,774.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	106,628.	35,236.	71,392.	
23 Insurance	59,990.	52,750.	6,385.	855.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OBSELETE INVENTORY	1,999,300.	1,999,300.	0.	0.
b BAD DEBT EXPENSE	34,506.	34,506.	0.	0.
c STAFF DEVELOPMENT	156.	0.	136.	20.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	102,077,614.	101,368,824.	470,411.	238,379.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,360,788.	1	6,270,362.
	2 Savings and temporary cash investments	47,007.	2	38,497.
	3 Pledges and grants receivable, net	565,679.	3	423,376.
	4 Accounts receivable, net	5,274.	4	9,018.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,201,291.	8	37,792,141.
	9 Prepaid expenses and deferred charges	27,032.	9	65,095.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,313,951.		
	b Less: accumulated depreciation	10b 1,299,135.		
	11 Investments - publicly traded securities	749,069.	10c	1,014,816.
	12 Investments - other securities. See Part IV, line 11	67,962.	11	41,714.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,024,102.	15		
Liabilities	17 Accounts payable and accrued expenses	174,683.	16	45,655,019.
	18 Grants payable		17	222,131.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	304,670.	19	66,837.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	763,869.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	336,669.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	1,243,222.	25	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	625,637.
	27 Unrestricted net assets	7,659,631.	27	41,106,535.
	28 Temporarily restricted net assets	1,053,287.	28	3,851,238.
	29 Permanently restricted net assets	67,962.	29	71,609.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,780,880.	33	45,029,382.
	34 Total liabilities and net assets/fund balances	10,024,102.	34	45,655,019.

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	138,486,995.
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,077,614.
3	Revenue less expenses. Subtract line 2 from line 1	3	36,409,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,780,880.
5	Net unrealized gains (losses) on investments	5	3,696.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-164,575.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,029,382.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b Were the organization's financial statements audited by an independent accountant? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☐ Yes ☒ No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐ Yes ☒ No

- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits ☐ Yes ☒ No

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91553943.	98756704.	126334830	75419662.	137221659	529286798
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	91553943.	98756704.	126334830	75419662.	137221659	529286798
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						415846011
6 Public support. Subtract line 5 from line 4.						113440787

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	91553943.	98756704.	126334830	75419662.	137221659	529286798
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	834.	815.	4,445.	4,545.	2,870.	13,509.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	103.	20,862.	580,789.	5,795.	2,197.	609,746.
11 Total support. Add lines 7 through 10						529910053
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	21.41 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	20.85 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ORGANIZATION IS BROADLY SUPPORTED AND HAS A DIVERSE BOARD OF
DIRECTORS. THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE IS JUST BELOW THE
33 1/3% THRESHOLD DUE TO THE LARGE NONCASH CONTRIBUTIONS IT HAS RECEIVED
FOR PHARMACEUTICAL AND MEDICAL SUPPLIES. THE ORGANIZATION IS PURSUING
FUNDRAISING EFFORTS TO BROADEN ITS SUPPORT AND INCREASE ITS PUBLIC SUPPORT
PERCENTAGE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number
48-1108359

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

732051 10-09-17

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,688.	13,922.	14,166.	13,557.	11,825.
b Contributions					
c Net investment earnings, gains, and losses	1,814.	766.	-244.	609.	1,732.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	16,502.	14,688.	13,922.	14,166.	13,557.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 100.00 %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		86,000.		86,000.
b Buildings		426,034.	86,205.	339,829.
c Leasehold improvements		239,852.	70,721.	169,131.
d Equipment		843,042.	711,346.	131,696.
e Other		719,023.	430,863.	288,160.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,014,816.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	140,983,477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,696.	
b	Donated services and use of facilities	2b	2,475,941.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,479,637.
3	Subtract line 2e from line 1		3	138,503,840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	250.	
b	Other (Describe in Part XIII.)	4b	-17,095.	
c	Add lines 4a and 4b		4c	-16,845.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	138,486,995.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	104,734,976.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,475,941.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,475,941.
3	Subtract line 2e from line 1		3	102,259,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	250.	
b	Other (Describe in Part XIII.)	4b	-181,671.	
c	Add lines 4a and 4b		4c	-181,421.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	102,077,614.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION'S PRESENT ACCOUNTING POLICY FOR THE EVALUATION OF

UNCERTAIN TAX POSITIONS IS TO REVIEW THOSE POSITIONS ON AN ANNUAL BASIS.

A LIABILITY WOULD BE RECORDED IN THE FINANCIAL STATEMENTS DURING THE

PERIOD WHICH, BASED ON ALL AVAILABLE EVIDENCE, THE ORGANIZATION BELIEVES

IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD NOT BE SUSTAINED

UPON EXAMINATION BY TAXING AUTHORITIES AND THE LIABILITY WOULD BE INCURRED

BY THE ORGANIZATION. NO ACCRUAL HAS BEEN RECORDED AT DECEMBER 31, 2017 OR

2016, AS MANAGEMENT DOES NOT BELIEVE ANY MATERIAL UNCERTAINTIES EXIST.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

-17,095.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT TO DISTRIBUTED SUPPLIES -164,576.

FUNDRAISING EXPENSES -17,095.

TOTAL TO SCHEDULE D, PART XII, LINE 4B -181,671.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

Employer identification number

HEART TO HEART INTERNATIONAL

48-1108359

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	1	1	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	74,113,309.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	263,406.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	1,133.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	9,373,975.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	4,347,854.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	14,153.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	3,050,325.
3 a Sub-total	1	1			14,897.
b Total from continuation sheets to Part I	0	0			91,179,052.
c Totals (add lines 3a and 3b)	1	1			120,483.
					91,299,535.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE - GREECE	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	120,483.
Totals					120,483.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		818.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		23,348.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		45,095.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		58,107.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		28,891.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		30,213.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		53,156.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		1,050.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **75**

3 Enter total number of other organizations or entities **9**

48-1108359

HEART TO HEART INTERNATIONAL

Schedule F (Form 990)

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		3433620.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		2500005.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		423.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		965.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		44,351.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		60,992.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		571,357.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		38,586.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		426.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.			PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		14,455.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		813,730.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		148,020.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		967,683.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		1,745.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		27,436.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		37,297.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		5,120.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		20,880.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		167,275.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		58,251.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		383.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		155,084.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		12,375.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		69,809.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		1,102.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		455.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		255,197.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		7,356.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		20.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		178,501.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHARA, SAUDI ARABIA, EGYPT,	MEDICAL ASSISTANCE	0.		120,483.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MEDICAL ASSISTANCE	0.		14,153.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MEDICAL ASSISTANCE	0.		5,931.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MEDICAL ASSISTANCE	0.		5,798.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MEDICAL ASSISTANCE	0.		3,168.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	MEDICAL ASSISTANCE	0.		263,406.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MEDICAL ASSISTANCE	0.		293,579.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	MEDICAL ASSISTANCE	0.		12,412.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		3,963.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		96,239.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		1,247.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		670.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		1,133.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		5,445.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)
1	
(a) Name of organization	(b) IRS code section and EIN (if applicable)
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
MEDICAL ASSISTANCE	0.		787.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		1400163.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		4,379.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		9,125.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		411.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		10,277.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		3,323.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		436,692.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
MEDICAL ASSISTANCE	0.		15,238.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.			PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		6,226.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		5466389.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		130,531.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		14,341.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		445,769.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		701.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		23,559.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		4,173.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		362,448.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

Part IV Foreign Forms

1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

RECIPIENT ORGANIZATIONS ARE REQUIRED TO PROVIDE HEART TO HEART WITH
DISTRIBUTION REPORTS AND OTHER DOCUMENTATION SUCH AS PHOTOGRAPHS
DETAILING THE HUMANITARIAN IMPACT OF THE DONATION. HEART TO HEART AND/OR
DISTRIBUTION PARTNER ORGANIZATION STAFF PERSONALLY CONDUCT SITE VISITS
AND FIELD INVESTIGATIONS FOR SPECIFIED RECIPIENTS EACH YEAR.

PART I, LINE 3:

FAIR MARKET VALUE OF NONCASH ITEMS DISTRIBUTED.

SCHEDULE F, PART IV, LINE 1

THE TRANSFERS REFERENCED IN THIS LINE RELATE TO THE GRANTS TO
CHARITABLE ORGANIZATIONS NOTED IN PART II OF SCHEDULE F. FORM 926 IS
NOT REQUIRED FOR THIS TYPE OF TRANSACTION.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		25TH ANNIVERSARY (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	70,350.		70,350.
	2	Less: Contributions	70,350.		70,350.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,000.		5,000.
	7	Food and beverages	7,022.		7,022.
	8	Entertainment			
	9	Other direct expenses	5,073.		5,073.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			17,095.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-17,095.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | |
|--|------------------------------|-----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name 

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name _____

Address 

- 16** Gaming manager information:

Name

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:**

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information (continued)
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Schedule G (Form 990 or 990-EZ)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2017

Open to Public
Inspection

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number
48-1108359

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	280,885.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO - EDIFICIO ALIANZA #400 ,AVE AMERICO MIRANDA - SAN JUAN, PR 00927	66-0419912	501(C)(3)	0.	662,022.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
AUDREY GARRETT ELEMENTARY SCHOOL 3224 OLD HILLSBOROUGH ROAD MEBANE, NC 27302	56-6000271		0.	286.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
BELL COUNTY SHELTER 2409 SOUTH LOOP 121 BELTON, TX 76513						PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CAPITAL CITY RESCUE MISSION FREE CLINIC - 259 SOUTH PEARL STREET - ALBANY, NY 12202	56-2663290	501(C)(3)	0.	8,564.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CASA EL BUEN SAMARITANO 14060 DUBLIN HOUSTON, TX 77085	37-1546805	501(C)(3)	0.	7,195.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF KANSAS CITY-ST. JOSEPH, INC. - 1112 BROADWAY - KANSAS CITY, MO 64105	43-0887779	501(C)(3)	0.	4,459. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL OHIO, INC - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	1,000. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CHURCH OF THE RESURRECTION 13720 ROE AVE LEAWOOD, KS 66224	48-1107898	501(C)(3)	0.	20,110. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CITY UNION MISSION 1100 EAST 11TH STREET KANSAS CITY, MO 64106-3095	44-6005481	501(C)(3)	0.	4,920. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CLUB CHIRST 3243 E WARM SPRINGS ROAD LAS VEGAS, NV 89014	20-2135611	501(C)(3)	0.	144. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	0.	602. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY HEALTH SERVICES OF UNION COUNTY - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112	46-0495947	501(C)(3)	0.	66,174. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0.	43,370. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CORPUS CHRISTI METRO MINISTRIES - GABBAD HEALTH C - 2615 FANNIN STREET - HOUSTON, TX 77002	74-2247261	501(C)(3)	0.	19,560. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

HEART TO HEART INTERNATIONAL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELIVERANCE OUTREACH MINISTRIES 821 NE 36TH TERRACE, SUITE 10 OCALA, FL 34470	59-3319732	501(C)(3)	0.	2,453. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
DOWNTOWN CLINIC 611 S. 2ND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	69,639. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
ELLIS CARE 11918 EAST 59TH STREET KANSAS CITY, MO 64133	61-1661285	501(C)(3)	0.	3,075. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	0.	62,865. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
FORT PIERCE GOOD SAMARITAN FREE CLINIC - 2601 VIRGINIA AVENUE - FORT PIERCE, FL 34981	46-0970320	501(C)(3)	0.	2,153. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
FREE CLINIC OF FRANKLIN COUNTY 1171 FRANKLIN STREET ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	0.	108,293. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	2,139. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE, GA 30503	58-2058853	501(C)(3)	0.	1,680. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
GOOD NEWS MINISTRIES - GOOD NEWS MISSION - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46206-1871	35-0999233	501(C)(3)	0.	761. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON ROAD GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	2,098. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HARDIN COUNTY DEPARTMENT OF HEALTH 440 W MONROE STREET KOUNTZE, TX 77625			0.	12,978. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTHCORE 2707 E 21ST ST N WICHITA, KS 67214	48-1180078	501(C)(3)	0.	6,259. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTHFINDERS COLLABORATIVE 710 DIVISION STREET NORTHFIELD, MN 55057	20-1805262	501(C)(3)	0.	2,307. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEART OF AMERICA STAND DOWN FOUNDATION - PO BOX 413162 - KANSAS CITY, MO 64141	43-1634614	501(C)(3)	0.	1,282. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEART TO HEART INTERNATIONAL 13250 WEST 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	0.	640,547. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	3,096. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HOSPITALS OF HOPE, INC. 3545 NORTH SANTA FE WICHITA, KS 67219	31-1625108	501(C)(3)	0.	1,289. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
IBN SINA FOUNDATION 11226 S WILCREST DRIVE HOUSTON, TX 77099	76-0698464	501(C)(3)	0.	28,494. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

HEART TO HEART INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH COMMUNITY CLINIC 101 PINE MANOR DRIVE OAK RIDGE NORTH, TX 77385	75-2634623	501(C)(3)	0.	12,225. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
JAYDOC FREE CLINIC (KU ENDOWMENT ASSOCIATION) - 300 SOUTHWEST BLVD - KANSAS CITY, KS 66103	48-0547734	501(C)(3)	0.	112. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	11,866. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MACEDONIA NEW LIFE CHURCH 2004 ROCK QUARRY RD RALEIGH, NC 27610	56-1650283	501(C)(3)	0.	4,700. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MARTIN LUTHER KING HEALTH CENTER 827 MARGARET PLACE, SUITE 102 SHREVEPORT, LA 71101	72-1079721	501(C)(3)	0.	4,234. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
METRO MINISTRIES 17 MENAHAN STREET BROOKLYN, NY 11221	11-3302193	501(C)(3)	0.	1,612. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
NAZARENE COMPASSIONATE MINISTRIES 17001 PRAIRIE STAR PARKWAY LENEXA, KS 66220	44-0552034	501(C)(3)	0.	164,675. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
NBC COMMUNITY DEVELOPMENT CORPORATION - 745 WALKER AVE - KANSAS CITY, KS 66101	45-3682212	501(C)(3)	0.	2,539. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
NEWTON COUNTY HEALTH DEPARTMENT 812 W HARMONY NEOSHO, MO 64850			0.	2,095. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA LIONS SERVICE FOUNDATION 4123 NW 10TH OKLAHOMA CITY, OK 73107	23-7396135	501(C)(3)	0.	4,036. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
OUR LADY OF HOPE 4232 MERCIER KANSAS CITY, MO 64111	44-0546494	501(C)(3)	0.	37,432. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
PALMER COLLEGE FOUNDATION 1000 BRADY STREET DAVENPORT, IA 52803	42-6081293	501(C)(3)	0.	442. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
PENOBSCOT COMMUNITY HEALTH CENTER 103 MAINE AVE BANGOR, ME 04401	01-0514750	501(C)(3)	0.	9,334. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
PHILADELPHIA CENTER WELLNESS CLINIC - 2020 CENTENARY - SHREVEPORT, LA 71104	72-1204262	501(C)(3)	0.	1,198. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
PROJECT C.A.M.P. 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C)(3)	0.	4,262. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	0.	2,296. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
REDLAND CHURCH OF THE NAZARENE 22940 OLD DIXIE HIGHWAY MIAMI, FL 33170	36-3955413	501(C)(3)	0.	3,840. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
RISE FAMILY PO BOX 91462 HENDERSON, NV 89009	45-5617917	501(C)(3)	0.	192. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

HEART TO HEART INTERNATIONAL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERVIEW HEALTH SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501(C)(3)	0.	10,555. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SAFE NEST 2915 W CHARLESTON BLVD, SUITE 12 LAS VEGAS, NV 89102	94-2411883	501(C)(3)	0.	96. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SALVATION ARMY OF HOUSTON 1500 AUSTIN STREET HOUSTON, TX 77002	58-0660607	501(C)(3)	0.	13,148. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	0.	8,582. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	0.	167,266. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SAVED BY GRACE MINISTRY, INC. 226 CENTER ROAD EAST AURORA, NY 14052	16-1560404	501(C)(3)	0.	1,849. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SCOTT AND WHITE HEALTHCARE FOUNDATION - 2401 SOUTH 31ST STREET, MS-FD2-202 - TEMPLE, TX 76508	27-3513154	501(C)(3)	0.	3,468. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SERVE THE PEOPLE 1206 EAST 17TH STREET, SUITE 101 SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	46,288. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503-2406	80-0308973	501(C)(3)	0.	10,480. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232	51-0183468	501(C)(3)	0.	659. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
ST. MARY HEALTH CLINICS 1884 RANDOLPH AVE. SAINT PAUL, MN 55105	41-1760632	501(C)(3)	0.	596. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
THE SALVATION ARMY NEW BRUNSWICK NJ - 287 HANDY ST - NEW BRUNSWICK, NJ 08901	13-5562351	501(C)(3)	0.	12,529. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET, SUITE 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	19,560. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
TRI-CITY HEALTH CENTER 39465 PASERO PADRE PARKWAY FREMONT, CA 94538	23-7255435	501(C)(3)	0.	13,068. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
TURNER HOUSE CLINIC 21 NORTH 12TH STREET, SUITE 300 KANSAS CITY, KS 66102	48-1151382	501(C)(3)	0.	5,033. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
UHI COMMUNITYCARE CLINIC 4851 NW 183RD MIAMI, FL 33055	65-0268904	501(C)(3)	0.	12,060. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555	501(C)(3)	0.	1,613. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
URBAN STRATEGIES 720 OLIVE STREET #2600 ST. LOUIS, MO 63101	43-1141027	501(C)(3)	0.	12,700. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

HEART TO HEART INTERNATIONAL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VCARES CLINICS 8121 BROADWAY STREET #103 HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	24,450. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
VIRGINIA B. ANDES VOLUNTEER CLINIC 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952	65-0958042	501(C)(3)	0.	9,026. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WATER STREET HEALTH SERVICES 210 SOUTH PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)	0.	888. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WEST BOULEVARD ELEMENTARY SCHOOL 6125 WEST BOULEVARD BOARDMAN, OH 44512	34-6000286		0.	3,882. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	2,340. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WOMEN OF WORTH, INC. 1513 DEAN STREET ROME, GA 30161	80-0306378	501(C)(3)	0.	16,628. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WOMEN'S RESOURCE MEDICAL CENTER 2915 W. CHARLESTON BOULEVARD SUITE LAS VEGAS, NV 89102	94-2944732	501(C)(3)	0.	288. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WORLD HOPE INTERNATIONAL 1330 BRADDOCK PLACE, SUITE 301 ALEXANDRIA, VA 22314	35-1985485	501(C)(3)	0.	2,343. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WYANDOTTE COUNTY JUVENILE DETENTION - 710 NORTH 7TH STREET SUITE 20 - KANSAS CITY, KS 66101	48-1194075	501(C)(3)	0.	6,499. FMV		PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RECIPIENT ORGANIZATIONS ARE REQUIRED TO PROVIDE HEART TO HEART WITH DISTRIBUTION REPORTS AND OTHER DOCUMENTATION SUCH AS PHOTOGRAPHS DETAILING THE HUMANITARIAN IMPACT OF THE DONATION. HEART TO HEART AND/OR DISTRIBUTION PARTNER ORGANIZATION STAFF PERSONALLY CONDUCT SITE VISITS AND FIELD INVESTIGATIONS FOR SPECIFIED RECIPIENTS EACH YEAR.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	7,466.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	2	4,343.	FMV
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	43	126,272,963.	AVERAGE WHOLESALE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>AIRFARE</u>)	X	1	21,000.	AVERAGE WHOLESALE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number
48-1108359

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS REVIEWED BY THE CEO AND THE FINANCE/AUDIT COMMITTEE OF THE
BOARD. THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES THAT DIRECTORS AND OFFICERS ANNUALLY DISCLOSE
INTERESTS THAT COULD GIVE RISE TO CONFLICTS. IF A DIRECTOR HAS AN INTEREST
THAT COULD GIVE RISE TO CONFLICT, THAT DIRECTOR RECUSES THEMSELVES FROM ANY
DISCUSSION AND VOTING THAT AFFECTS THEIR INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION
FOR THE CEO AND USES THE SALARY AND BENEFITS SURVEY OF GREATER KANSAS CITY
AREA NONPROFIT ORGANIZATIONS COMPILED BY THE MIDWEST CENTER FOR NONPROFIT
ORGANIZATIONS WHICH PROVIDE THE SAME TYPES OF SERVICES THAT WE PROVIDE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH
OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, CO, MO, ND, WA, NV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS ANNUAL REPORT AND FINANCIAL STATEMENTS AVAILABLE
ON ITS WEBSITE. THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT
OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

ADJUSTMENT TO DISTRIBUTED SUPPLIES

-164,575.

HEART TO HEART INTERNATIONAL, INC.

FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016





700 West 47th Street, Suite 1100 • Kansas City, MO 64112
Main: 816.945.5600 • Fax: 816.897.1280 • www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors

HEART TO HEART INTERNATIONAL, INC.

We have audited the accompanying financial statements of Heart to Heart International, Inc. (the "Organization"), which comprise the statements of financial position as of December 31, 2017 and 2016, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Heart to Heart International, Inc. as of December 31, 2017 and 2016, and the changes in net assets and cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Mayer Hoffman McCann P.C.

Kansas City, Missouri
July 18, 2018



KRESTON

Member of Kreston International – a global network of independent accounting firms

HEART TO HEART INTERNATIONAL, INC.

STATEMENTS OF FINANCIAL POSITION

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 5,842,555	\$ 1,312,400
Certificates of deposit	466,304	125,421
Investments	41,714	37,937
Accounts receivable	9,018	5,274
Pledges receivable, current portion	-	75,000
Grants receivable, current portion	224,169	154,972
Notes receivable, current portion	-	50,000
Inventory	37,792,141	7,201,291
Other current assets	65,095	27,032
TOTAL CURRENT ASSETS	44,440,996	8,989,327
GRANTS RECEIVABLE, less current portion above	199,207	285,707
PROPERTY AND EQUIPMENT, at cost, less accumulated depreciation	1,014,816	749,069
TOTAL ASSETS	<u>\$ 45,655,019</u>	<u>\$ 10,024,103</u>
<u>LIABILITIES</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 41,101	\$ 65,335
Accrued liabilities	247,867	183,452
Deferred revenue	-	230,566
Line of credit	-	249,442
Capital lease, current portion	-	12,654
Long-term debt, current portion	43,906	44,890
TOTAL CURRENT LIABILITIES	332,874	786,339
CAPITAL LEASE, less current portion above	-	26,493
LONG-TERM DEBT, less current portion above	292,763	430,390
TOTAL LIABILITIES	625,637	1,243,222
<u>NET ASSETS</u>		
UNRESTRICTED NET ASSETS	41,106,535	7,659,632
TEMPORARILY RESTRICTED NET ASSETS	3,851,238	1,053,287
PERMANENTLY RESTRICTED NET ASSETS	71,609	67,962
TOTAL NET ASSETS	45,029,382	8,780,881
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 45,655,019</u>	<u>\$ 10,024,103</u>

See Notes to Financial Statements

HEART TO HEART INTERNATIONAL, INC.

STATEMENTS OF ACTIVITIES

Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
<u>UNRESTRICTED SUPPORT AND REVENUE</u>		
Gifts in kind	\$ 127,219,274	\$ 70,504,302
Contributions	1,959,735	2,666,256
Donated shipping	1,562,693	1,955,218
Governmental and corporate grants	1,772,072	986,394
Program revenue	1,270,466	952,958
Investment income	2,915	4,300
(Loss)/gain on currency conversion	(1,008)	20,531
Gain on sale of assets	7,660	-
Other income	2,197	5,795
Net assets released from restrictions	4,385,875	1,159,836
TOTAL UNRESTRICTED SUPPORT AND REVENUE	<u>138,181,879</u>	<u>78,255,590</u>
<u>EXPENSES</u>		
Program services - international	97,057,940	73,360,695
Program services - domestic	4,951,850	3,144,564
Total Program services	<u>102,009,790</u>	<u>76,505,259</u>
General and administrative	470,412	998,377
Fundraising and public relations	255,474	400,458
Total Supporting services	<u>725,886</u>	<u>1,398,835</u>
TOTAL EXPENSES	<u>102,735,676</u>	<u>77,904,094</u>
CHANGES IN UNRESTRICTED NET ASSETS	<u>35,446,203</u>	<u>351,496</u>
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions	3,962,981	850,919
Governmental and corporate grants	3,220,845	704,703
Net assets released from restrictions	<u>(4,385,875)</u>	<u>(1,159,836)</u>
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	<u>2,797,951</u>	<u>395,786</u>
<u>PERMANENTLY RESTRICTED NET ASSETS</u>		
Investment income	<u>3,647</u>	<u>1,593</u>
CHANGES IN NET ASSETS BEFORE INVENTORY VALUATION ADJUSTMENT	<u>38,247,801</u>	<u>748,875</u>
INVENTORY VALUATION ADJUSTMENT	<u>(1,999,300)</u>	<u>(1,866,329)</u>
CHANGES IN NET ASSETS	<u>36,248,501</u>	<u>(1,117,454)</u>
NET ASSETS, BEGINNING OF YEAR	<u>8,780,881</u>	<u>9,898,335</u>
NET ASSETS, END OF YEAR	<u><u>\$ 45,029,382</u></u>	<u><u>\$ 8,780,881</u></u>

See Notes to Financial Statements

HEART TO HEART INTERNATIONAL, INC.

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2017

	Program Services		General and Administrative	Fundraising and Public Relations	Total
	International Projects	Domestic Projects			
Distributed aid	\$ 240,072	\$ 260,490	\$ -	\$ -	\$ 500,562
Donated medical and other services	138,056	775,192	-	-	913,248
Donated shipping	897,718	664,975	-	-	1,562,693
Insurance	32,070	20,680	6,385	855	59,990
Interest, fees, and bank charges	22,389	29,743	14,964	28,774	95,870
Maintenance and repairs	127,149	10,283	3,116	726	141,274
Medical and contract services	1,274,025	111,824	3,226	21,927	1,411,002
Office	191,466	102,655	12,835	53,785	360,741
Postage and shipping	15,015	47,393	-	2,848	65,256
Printing	2,485	17,435	93	19,849	39,862
Professional fees	4,658	10,990	17,246	409	33,303
Publicity	665	1,939	-	924	3,528
Rent	198,071	127,154	18,355	11,120	354,700
Salaries and benefits	743,484	831,443	307,784	92,604	1,975,315
Special events	3,156	1,718	1,401	7,022	13,297
Staff development	-	-	137	20	157
Telephone	51,579	15,415	2,777	575	70,346
Travel and meals	679,172	545,805	10,701	14,036	1,249,714
Other	24,506	10,000	-	-	34,506
Expenses before depreciation and gifts-in-kind distribution	4,645,736	3,585,134	399,020	255,474	8,885,364
Depreciation	29,913	5,323	71,392	-	106,628
Gifts-in-kind distribution	92,382,291	1,361,393	-	-	93,743,684
TOTAL EXPENSES	\$ 97,057,940	\$ 4,951,850	\$ 470,412	\$ 255,474	\$ 102,735,676
	94.47%	4.82%	0.46%	0.25%	100.00%

See Notes to Financial Statements

HEART TO HEART INTERNATIONAL, INC.

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2016

	Program Services		General and Administrative	Fundraising and Public Relations	Total
	International Projects	Domestic Projects			
Distributed aid	\$ 252,706	\$ 31,065	\$ -	\$ -	\$ 283,771
Donated medical and other services	194,532	62,722	15,688	-	272,942
Donated shipping	418,332	1,536,886	-	-	1,955,218
Insurance	12,011	10,014	33,391	645	56,061
Interest, fees, and bank charges	35,642	10,314	35,151	22,989	104,096
Maintenance and repairs	19,493	3,374	4,116	50	27,033
Medical and contract services	947,483	91,661	4,641	13,702	1,057,487
Office	158,380	29,322	21,845	61,699	271,246
Postage and shipping	12,756	2,832	1,182	10,793	27,563
Printing	8,746	14,445	-	37,821	61,012
Professional fees	2,000	7,297	31,001	-	40,298
Publicity	1,498	850	92	3,485	5,925
Rent	202,070	54,445	51,339	9,590	317,444
Salaries and benefits	851,804	273,792	665,112	169,930	1,960,638
Special events	13,557	30,276	903	54,508	99,244
Staff development	4,482	-	5,698	-	10,180
Telephone	63,115	1,564	15,228	98	80,005
Travel and meals	595,089	82,549	15,396	15,148	708,182
Expenses before depreciation and gifts-in-kind distribution	3,793,696	2,243,408	900,783	400,458	7,338,345
Depreciation	35,472	-	97,594	-	133,066
Gifts-in-kind distribution	69,531,527	901,156	-	-	70,432,683
TOTAL EXPENSES	\$ 73,360,695	\$ 3,144,564	\$ 998,377	\$ 400,458	\$ 77,904,094
	94.17%	4.04%	1.28%	0.51%	100.00%

See Notes to Financial Statements

HEART TO HEART INTERNATIONAL, INC.

STATEMENTS OF CASH FLOWS

Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ 36,248,501	\$ (1,117,454)
Adjustments to reconcile changes in net assets to net cash flows from operating activities		
Depreciation	106,628	133,066
Gain on sale of assets	(7,660)	-
Realized and unrealized gain on investments	(3,777)	(1,593)
Discount on note receivable	-	(5,795)
Donated property and equipment	(7,466)	(75,000)
Decrease (increase) in operating assets		
Inventory	(30,590,850)	2,085,573
Accounts receivable	(3,744)	97,798
Pledges receivable	75,000	(27,583)
Grant receivable	17,303	(440,679)
Other current assets	(38,063)	(3,991)
Increase (decrease) in operating liabilities		
Accounts payable	(24,234)	(63,579)
Accrued liabilities	64,415	(74,047)
Deferred revenue	(230,566)	230,566
NET CASH FLOWS FROM OPERATING ACTIVITIES	<u>5,605,487</u>	<u>737,282</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(369,249)	(58,921)
Proceeds from notes receivable	50,000	50,000
Proceeds from sale of property and equipment	12,000	-
Purchase of certificates of deposit	(340,883)	(125,421)
NET CASH FLOWS FROM INVESTING ACTIVITIES	<u>(648,132)</u>	<u>(134,342)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Net activity on line of credit	(249,442)	-
Repayment of long-term debt	(138,611)	(241,570)
Principal payments on capital lease	(39,147)	(12,598)
NET CASH FLOWS FROM FINANCING ACTIVITIES	<u>(427,200)</u>	<u>(254,168)</u>
NET CHANGES IN CASH AND CASH EQUIVALENTS	4,530,155	348,772
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>1,312,400</u>	<u>963,628</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u><u>\$ 5,842,555</u></u>	<u><u>\$ 1,312,400</u></u>
SUPPLEMENTAL NONCASH INVESTING AND FINANCING ACTIVITIES:		
Donated property and equipment (Note 8)	<u>\$ 7,466</u>	<u>\$ 75,000</u>

See Notes to Financial Statements

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(1) Summary of significant accounting policies

Organization – Heart To Heart International, Inc. (the “Organization”), a Kansas non-profit corporation, provides crisis response assistance and specific ongoing health care support to communities in need domestically and internationally. The Organization actively engages the services of volunteers through its initiatives, and it distributes medical supplies, pharmaceuticals, and other products to other relief agencies and communities in need.

The Organization currently operates and supports more than a dozen clinics in Haiti. The Organization responded after the earthquake in January 2010 and continues to work towards healthier communities in Haiti – providing continuing medical education and other needs in Haiti.

The Organization’s donor base for cash contributions primarily consists of individuals, businesses, civic groups, and foundations located throughout the United States. Gifts-in-kind are also received primarily from medical supply and pharmaceutical companies located throughout the United States.

Basis of accounting – The Organization’s financial statements are prepared on the accrual basis of accounting.

Basis of presentation – In accordance with the limitations, designations, and restrictions placed on the use of resources available to the Organization, the following classifications are utilized according to the nature and purpose of the resources:

- Unrestricted net assets: Net assets that are not subject to donor-imposed stipulations. Unrestricted net assets may be designated for specific purposes by action of the Organization’s Board of Directors.
- Temporarily restricted net assets: Net assets whose use by the Organization is subject to donor-imposed or legal stipulations that can be fulfilled by actions of the Organization pursuant to those stipulations or that expire by the passage of time. Amounts received that are restricted for future periods or restricted by the donor for specific purposes are reported as temporarily restricted. Temporarily restricted net assets are released from restriction when the expenses are incurred for their designated purpose.
- Permanently restricted net assets: Net assets subject to donor-imposed stipulations and those which are interpreted by the Board of Directors that are maintained permanently by the Organization. At times, the donors of these assets may permit the Organization to use all or part of the income earned on these assets. However, the donors have required that the income earned on the Organization’s permanently restricted net assets held at December 31, 2017 is to be held in perpetuity and, therefore, cannot be used.

Cash and cash equivalents – Cash and cash equivalents consist of available cash balances on deposit at financial institutions and short-term money market investments as well as short-term highly liquid investments that are readily convertible to known amounts of cash with original maturities of three months or less.

Certificates of deposit – Certificates of deposit are maintained at cost-basis and interest is paid out on a varying schedule through the year. The Organization’s certificates of deposits at December 31, 2017 have interest rates between 1.02% and 1.24% and maturity dates ranging from March 15, 2018 to November 15, 2018. The Organization’s certificate of deposit at December 31, 2016 had an interest rate of .44% and a maturity date of March 16, 2017.

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(1) **Summary of significant accounting policies (continued)**

Concentration of risk – The Organization largely maintains its cash balances in financial institutions located in the greater Kansas City, Kansas area. Most of these U.S. deposits are distributed between various banks so as to maintain balances no greater than \$250,000 insured limit per bank. The Organization also has checking accounts in Haiti that are uninsured. Accordingly, at December 31, 2017 and 2016, the Organization's uninsured cash and cash equivalents amounts to \$628,740 and \$242,378, respectively.

Income taxes – The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code as a not-for-profit organization. In addition, the Organization has been classified as a publicly-supported organization which is not a private foundation within the meaning of Section 509(a)(1) of the Code. Accordingly, no provision has been made for Federal income tax. The Organization's present accounting policy for the evaluation of uncertain tax positions is to review those positions on an annual basis. A liability would be recorded in the financial statements during the period which, based on all available evidence, believes it is more likely than not that the tax position would not be sustained upon examination by taxing authorities and the liability would be incurred by the Organization. No accrual has been recorded at December 31, 2017 or 2016, as management does not believe any material uncertainties exist.

Inventory – Purchased inventory is recorded at the lower of cost or market and is valued on a first-in, first-out basis. Donated inventory is recorded at the fair value of the donated goods at the date of donation based upon the estimated wholesale value of gifts received (as further described in Note 1 under "Revenue Recognition"). The inventory is not available for sale. The Organization records a loss for the decrease in value of any slow-moving or expired inventory and this is reflected as an inventory valuation adjustment. This was \$1,999,300 and \$1,866,329 for the years ended December 31, 2017 and 2016, respectively.

Investments – The Organization carries its investments at their fair values. Unrealized gains and losses are included in the change in net assets.

Property and equipment – Property and equipment are stated at cost or the fair market value at date of gift for donated assets, less accumulated depreciation. If a donor stipulates how long the assets must be used, the contribution is recorded as restricted support. In the absence of such stipulation, a contribution of property and equipment is recorded as unrestricted support. Maintenance and repairs are charged to expense as incurred. When items of property and equipment are sold or retired, the related cost is removed from the accounts and any gain or loss is included in the results of operations. Depreciation is computed using the straight-line method over the estimated useful lives of the assets as follows:

<u>Assets</u>	<u>Estimated Useful Lives</u>
Buildings	39 years
Building improvements	5 – 10 years
Furniture and equipment	5 – 10 years
Computer equipment	3 – 5 years
Vehicles	3 – 10 years

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The significant estimates used in the Organization's financial statements include the valuation of gift-in-kind contributions and related inventory, the allocation of expenses on a functional basis to various program services and supporting activities and the estimated useful lives used to depreciate property and equipment.

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(1) **Summary of significant accounting policies (continued)**

Gifts-in-kind: Donated shipping – The Organization recorded \$1,562,693 and \$1,955,218 in shipping expense for overseas and domestic freight during the years ended December 31, 2017 and 2016, respectively. The donated shipping is also included as revenue in unrestricted support and revenue.

Revenue recognition – Cash and gift-in-kind contributions are received from individuals as well as domestic and multinational organizations. These contributions, including unconditional promises, are recognized as revenues when the donor's unconditional commitment is received. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Conditional promises to give are recognized only when the conditions on which they depend are substantially met.

The Organization receives donations of medical supplies and other goods for use in its programs. These donations are recorded at their estimated fair value based upon the Organization's estimate of the wholesale values that would be received for selling the goods in their principal market, considering their condition and utility for use at the time the goods are donated. Several methodologies are used in the determination of estimated wholesale value, including values provided by the donor, published industry pricing guides, internally-researched values, and internal average values for like-kind items.

A number of unpaid volunteers have made significant contributions of their time to the activities of the Organization without compensation. The Organization receives many volunteer hours from a variety of skilled personnel such as doctors, nurses, and other specialists. The value of these donated services that meets the criteria for recognition is reported as donated services in the accompanying statement of activities. These amounts are reflected at fair value in the financial statements which amounted to \$913,248 and \$272,942 for the years ended December 31, 2017 and 2016, respectively. In addition, approximately 30,380 and 29,900 volunteer hours were provided to the Organization during the years ended December 31, 2017 and 2016, respectively, for which no value has been assigned. Contributed service time meets the criteria to be recorded in the financial statements if it requires specialized skills, the service is being provided by an individual who possesses those skills and if the service would typically need to be purchased if not contributed.

Deferred revenue – The Organization records deferred revenue related to funds received for future programmatic events and for unspent funds received classified as exchange transactions.

Functional expenses – The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Certain costs have been allocated among the programs and supporting services benefited as depicted in the accompanying statements of functional expenses. Expenses that can be identified with a specific program and support are allocated directly according to their natural expenditure classification. Other expenses that are common to several functions are allocated by management's estimate of resources devoted to the programs or support source. Direct benefit to donor costs have been included in fundraising costs on the statement of functional expenses as the associated costs are not material in relation to the financial statements taken as a whole.

Reclassification – Certain items in the 2016 financial statements have been reclassified to conform to the 2017 presentation.

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(2) Pledges receivable

Pledges receivable that are expected to be collected within one year are recorded at net realizable value and are not discounted. Pledges receivable that are expected to be collected in more than one year are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using interest rates applicable to the years in which the promises are received. The discount rate used in valuing pledges receivable was 4%. Amortization of the discounts is included in contribution revenue. Pledges receivable of \$75,000 at December 31, 2016 were all received in 2017. No pledges were outstanding at December 31, 2017.

(3) Grants receivable

Grants receivable that are expected to be collected within one year are recorded at net realizable value and are not discounted. Grants receivable that are expected to be collected in more than one year are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using interest rates applicable to the years in which the promises are received. The discount rate used in valuing grants receivable was 5%. Amortization of the discounts is included in contribution revenue.

	<u>2017</u>	<u>2016</u>
In less than one year	\$ 224,169	\$ 154,972
In one to five years	212,502	306,205
	<u>436,671</u>	<u>461,177</u>
Less present value discount	<u>(13,295)</u>	<u>(20,498)</u>
Total grants receivable	<u>\$ 423,376</u>	<u>\$ 440,679</u>

(4) Notes receivable

The Organization entered into three promissory notes receivable in the amount of \$50,000 each that were given as value for disposed building improvements in 2015. Notes receivable that are expected to be collected within one year are recorded at net realizable value and are not discounted. Notes receivable that are expected to be collected in more than one year are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using the imputed interest rate of 5.25%. The final promissory note receivable in the amount of \$50,000 at December 31, 2016 was paid in full during December 2017.

(5) Inventory

Inventory consists of the following at December 31:

	<u>2017</u>	<u>2016</u>
Pharmaceutical supplies	\$ 34,276,068	\$ 5,889,058
Medical and other supplies	<u>3,516,073</u>	<u>1,312,233</u>
Total inventory	<u>\$ 37,792,141</u>	<u>\$ 7,201,291</u>

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(6) Fair value measurements of assets and liabilities

FASB Accounting Standards Codification 820-10, *Fair Value Measurements and Disclosures* (ASC 820-10), requires additional disclosures as part of the financial statements. ASC 820-10 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The three levels are defined as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following table sets forth information about the level within the fair value hierarchy at which the Organization's financial assets and liabilities were measured on a recurring basis at December 31, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market pool	\$ -	\$ 799	\$ -	\$ 799
Equity pool	-	9,958	-	9,958
Fixed Income pool	-	5,745	-	5,745
Equity security	25,212	-	-	25,212
Total investments at fair value	<u>\$ 25,212</u>	<u>\$ 16,502</u>	<u>\$ -</u>	<u>\$ 41,714</u>

The following table sets forth information about the level within the fair value hierarchy at which the Organization's financial assets and liabilities were measured on a recurring basis at December 31, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market pool	\$ -	\$ 706	\$ -	\$ 706
Equity pool	-	8,890	-	8,890
Fixed income pool	-	5,092	-	5,092
Equity security	23,249	-	-	23,249
Total investments at fair value	<u>\$ 23,249</u>	<u>\$ 14,688</u>	<u>\$ -</u>	<u>\$ 37,937</u>

The management of the Organization endeavors to utilize the best available information in measuring fair value. Fair value for the Organization's trading securities was determined by using Level 1 valuation methods. Fair value for the Organization's interest in the common funds of a community foundation was determined using Level 3 valuation methods. The Level 3 investments were based upon stated values obtained from a community foundation.

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(7) Investments

Investments consist of the following at December 31:

	2017	2016
Money market pool	\$ 799	\$ 706
Equity pool	9,958	8,890
Fixed income pool	5,745	5,092
Equity security	25,212	23,249
Total investments	<u>\$ 41,714</u>	<u>\$ 37,937</u>

Investment return is as follows:

	2017	2016
Interest and dividends	\$ 2,870	\$ 4,300
Realized and unrealized gains on investments	3,692	1,593
Total investment return	<u>\$ 6,562</u>	<u>\$ 5,893</u>

(8) Property and equipment

Property and equipment consists of the following at December 31:

	2017	2016
Cost		
Land	\$ 86,000	\$ 86,000
Buildings	344,000	344,000
Building improvements	321,886	289,841
Furniture and equipment	264,421	253,003
Computer equipment	578,621	550,817
Vehicles	719,023	446,802
Total cost	<u>2,313,951</u>	<u>1,970,463</u>
Accumulated depreciation	<u>(1,299,135)</u>	<u>(1,221,394)</u>
Net property and equipment	<u>\$ 1,014,816</u>	<u>\$ 749,069</u>

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(9) Long-term debt

The Organization's long-term debt consists of the following:

	<u>2017</u>	<u>2016</u>
Note payable, secured by real property, monthly payments of \$5,038, including interest at 5.24%, with a final balloon payment in the amount of \$292,530 due February 2019.	\$ 336,669	\$ 378,351
Note payable, secured by real property, monthly payments of \$646, including interest at 4.75%, with a final balloon payment in the amount of \$83,397 due December 2020.	-	96,929
Total debt	<u>336,669</u>	<u>475,280</u>
Less current portion	<u>(43,906)</u>	<u>(44,890)</u>
Non-current debt	<u>\$ 292,763</u>	<u>\$ 430,390</u>

Maturities for notes payable are as follows:

Years ending December 31,

2018	\$ 43,906
2019	<u>292,763</u>
Total	<u>\$ 336,669</u>

The total amount of interest paid during the years ended December 31, 2017 and 2016 was \$32,035 and \$46,364, respectively.

The long-term debt noted above was paid in full on March 28, 2018.

During the year ended December 31, 2017 the Organization had available a line of credit up to \$250,000 with a bank at an interest rate at 5.25%. The balance on the line of credit was \$0 at December 31, 2017 and \$249,442 at December 31, 2016.

(10) Capital lease obligation

The capital lease obligation consists of the following:

	<u>2017</u>	<u>2016</u>
Capital lease obligation for dice alarm (A)	\$ -	\$ 7,955
Capital lease obligation for pallet racking (B)	-	31,192
Total capital lease obligation	-	39,147
Less current portion	-	(12,654)
Non-current portion	<u>\$ -</u>	<u>\$ 26,493</u>

(A) Payable in 63 monthly installments of \$188.08 with a maturity date of June 1, 2020.

(B) Payable in 60 monthly installments of \$866.45 with a maturity date of January 25, 2020.

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(10) Capital lease obligation (continued)

Leased property under the capital lease includes:

	<u>2017</u>	<u>2016</u>
Equipment included in property and equipment	\$ -	\$ 63,836
Less accumulated amortization	-	(24,689)
Total leased property under capital lease	<u>\$ -</u>	<u>\$ 39,147</u>

The capital leases were paid in full during 2017.

(11) Leases

The Organization leases office space, certain office equipment, and vehicles under operating leases through June 2022. Lease expense totaled \$361,465 and \$322,389 for the years ended December 31, 2017 and 2016, respectively. The future minimum rental payments required under operating leases that have initial or remaining noncancellable lease terms in excess of one year are as follows:

Years ending December 31,

2018	\$ 282,792
2019	242,833
2020	179,688
2021	179,688
2022	89,844
Total	<u>\$ 974,845</u>

(12) Restricted net assets

Restricted net assets consist of funds held for the following purposes:

	<u>2017</u>	<u>2016</u>
Temporarily Restricted Net Assets:		
Cameroon, Africa	\$ 15,057	\$ 178,624
Hygiene Kits	-	74,205
Cuba	-	20,054
NAFC - Lab Project	379,889	245,591
Rural Health	474,476	479,578
Shipping Grant	116,842	50,872
WHO Certification	339,420	-
Hurricane Harvey	360,047	-
Hurricane Maria	1,394,775	-
U.S. Crisis Response	620,732	4,363
One Child One Blanket	150,000	-
Total Temporarily Restricted Net Assets	<u>\$ 3,851,238</u>	<u>\$ 1,053,287</u>

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(12) Restricted net assets (continued)

	<u>2017</u>	<u>2016</u>
Permanently Restricted Net Assets:		
Heart to Heart International Endowment Fund	\$ 16,502	\$ 14,688
Staff Development	2,000	2,000
General	53,107	51,274
Total Permanently Restricted Net Assets	<u>\$ 71,609</u>	<u>\$ 67,962</u>

The sources of net assets released from temporary donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of events specified by the donors were as follows:

	<u>2017</u>	<u>2016</u>
Net Assets Released from Temporary Restrictions:		
Cameroon, Africa	\$ 319,691	\$ 159,876
China	5,000	-
Cholera Response	-	225,992
Cuba	25,219	12,946
Hurricane Harvey	995,137	-
Hurricane Maria	993,344	-
Hurricane Irma	317,912	-
Haiti	704,037	-
Hygiene Kits	186,649	206,177
NAFC - Lab Project	140,703	4,409
Nepal	28,571	88,153
Power Serve	86,305	74,535
Rural Health	163,375	1,827
Shipping Grant	144,030	285,218
Syrian Refugees	11,240	-
U.S. Crisis Response	254,082	100,703
WHO Certification	10,580	-
Total Net Assets Released from Temporary Restrictions	<u>\$ 4,385,875</u>	<u>\$ 1,159,836</u>

(13) Endowment fund

The Organization has contributed total assets of \$16,502 and \$14,688 as of December 31, 2017 and 2016, respectively to The Greater Kansas City Community Foundation and Affiliated Trusts (the Foundation), which established the Heart to Heart International Endowment Fund (the Fund). The purpose of the fund is to serve as an endowment for the Organization and its successors. The annual earnings on the account are to be held in perpetuity.

(14) Concentrations

There were no pledges receivable at December 31, 2017. All of the Organization's pledges receivable were due from two donors at December 31, 2016.

Approximately 100% and 95% of the Organization's grants receivables were due from one donor at December 31, 2017 and 2016.

There were no concentrations in accounts receivable at December 31, 2017 and 2016.

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(14) Concentrations (continued)

The Organization receives a significant portion of its gifts-in-kind contributions from pharmaceutical and medical supply companies. One company provided approximately 85% and 73% of the gifts-in-kind contributions during the years ended December 31, 2017 and 2016, respectively.

The Organization provides crisis response assistance to support communities, both domestically and internationally, and relies on contributions from its donor base to assist in crisis response activities. The Organization is subject to risks from changes in economic conditions and the occurrence of natural and worldwide disasters. A downturn in the economy or a lack of natural disasters could cause a significant decrease in contributions.

(15) Recent accounting pronouncements

Recent accounting pronouncements - Not-for-Profit Entities - In August 2016, the FASB issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*. This update, which amends the requirements for financial statements and notes in *Topic 958, Not-for-Profit Entities*, require a Not-for-Profit (NFP) to:

- Present on the face of the statement of financial position amounts for two classes of net assets as "net assets with donor restrictions" and "net assets without donor restrictions," rather than for the currently required three classes.
- Present on the face of the statement of activities the amount of the change in each of the two classes of net assets (noted above) rather than that of the currently required three classes.
- Continue to present on the face of the statement of cash flows the net amount of operating cash flows using either the direct or indirect method of reporting, but no longer require the presentation or disclosure of the indirect method (reconciliation) if using the direct method.
- Provide enhanced disclosures about (1) amounts and purposes of governing board designations that result in self-imposed limits on the use of resources without donor-imposed restrictions (2) composition of net assets with donor restrictions at the end of the period and how the restrictions affect the use of resources (3) qualitative information that communicates how a NFP manages its liquid resources available to meet cash needs for general expenditures within one year of the statement of financial position date (4) quantitative information, either on the face of the statement of financial position or in the notes, and additional qualitative information in the notes that communicates the availability of a NFP's financial assets at the statement of financial position date to meet cash needs for general expenditures within one year of the statement of financial position date (5) amounts of expenses by both their natural classification and their functional classification (6) report investment return net of external and direct internal investment expenses, and no longer require disclosure of those netted expenses (7) use, in absence of explicit donor stipulations, the placed-in-service approach for reporting expirations of restrictions on gifts of cash or other assets to be used to acquire or construct a long-lived asset and reclassify any amounts from net assets with donor restrictions to net assets without donor restrictions for such long-lived assets that have been placed in service as of the beginning of the period of adoption.

This update is effective for the Organization's December 31, 2018 financial statements. The Organization is evaluating the impact that this updated standard will have on the financial statements and related noted to the financial statements.

HEART TO HEART INTERNATIONAL, INC.

NOTES TO FINANCIAL STATEMENTS

(15) **Recent accounting pronouncements (continued)**

Recent accounting pronouncements - Leases - In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which is intended to improve financial reporting about leasing transactions. The ASU affects all companies and other organizations that lease assets such as real estate, office equipment, and vehicles. Under the current accounting model, an organization applies a classification test to determine the accounting for the lease arrangement as an operating or capital lease. The new guidance will require organizations that lease assets to recognize on the statements of financial position the assets and liabilities for the rights and obligations created by those leases. A lessee will be required to recognize assets and liabilities for leases with terms of more than twelve months. Consistent with U.S. GAAP, the recognition, measurement, and presentation of expenses and cash flows arising from a lease primarily will depend on its classification as a capital or operating lease. However, unlike current U.S. GAAP, the new ASU will require both types of leases to be recognized on the statements of financial position.

The ASU will also require disclosure to help donors and other financial statement users better understand the amount, timing, and uncertainty of cash flows arising from leases. These disclosures include both qualitative and quantitative analysis.

This update is effective for the Organization's December 31, 2020 financial statements and early adoption is permitted. The Organization is currently evaluating the effect that the updated standard will have on the financial statements and related disclosures.

Revenue recognition - In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard supersedes the revenue recognition requirements in ASC Topic 605, *Revenue Recognition*. This standard applies to most contracts with customers and prescribes a five-step framework in accounting for revenues from contracts, including (a) identification of the contract, (b) identification of the performance obligation under the contract, (c) determination of the transaction price, (d) allocation of the transaction price to the identified performance obligation and (e) recognition of revenue as the identified performance obligation is satisfied. This standard also prescribes additional disclosures and financial statement presentations. This standard is effective for the Organization's December 31, 2020 financial statements, and early adoption is permitted. The Organization may adopt the standard retrospectively or under a modified retrospective method where the cumulative effect is recognized at the date of initial application. The Organization is currently evaluating the effect that the updated standard will have on the financial statements and related disclosures.

(16) **Subsequent events**

The Organization has evaluated subsequent events through July 18, 2018, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.